# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

| SERIAL NO. | FILING DATE |
|---|---|
| 09 116 676 | |

APPLICANT(S)

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | * | | * | | * | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | | 51 | | | 1 | | | | 1 |
| 2 | | 1 | | | | | 52 | | 1 | | | | | |
| 3 | | 1 | | | | | 53 | | | 1 | | | | |
| 4 | | 1 | | | | | 54 | | | 1 | | | | |
| 5 | | 1 | | | | | 55 | | | | | | | |
| 6 | | 1 | | | | | 56 | | 1 | | | | | |
| 7 | | 1 | | | | | 57 | | | 1 | | | | |
| 8 | | 1 | | | | | 58 | | | 1 | | | | |
| 9 | | 1 | | | | | 59 | | | 1 | | | | |
| 10 | | | | | | | 60 | | | 1 | | | | |
| 11 | | | | | | | 61 | | | 1 | | | | |
| 12 | | | | | | | 62 | | | 1 | | | | |
| 13 | | 1 | | | | | 63 | | | 1 | | | | |
| 14 | | 1 | | | | | 64 | | | 1 | | | | |
| 15 | | 1 | | | | | 65 | | | | | | | |
| 16 | | 1 | | | | | 66 | | | | | | | |
| 17 | | 1 | | | | | 67 | | | | | | | |
| 18 | | 1 | | | | | 68 | | | | | | | |
| 19 | | 1 | | | | | 69 | | | | | | | |
| 20 | | 1 | | | | | 70 | | 1 | | | | | |
| 21 | | 1 | | | | | 71 | | 1 | 1 | | | | |
| 22 | | 1 | | | | | 72 | | | | | | | |
| 23 | | 1 | | | | | 73 | | | | | | | |
| 24 | | 2 | | | | | 74 | | | | | | | |
| 25 | | 1 | | | | | 75 | | | | | | | |
| 26 | | 1 | | | | | 76 | | | | | | | |
| 27 | | 1 | | | | | 77 | | | | | | | |
| 28 | | 1 | | | | | 78 | | | | | | | |
| 29 | | 1 | | | | | 79 | | | | | | | |
| 30 | | 1 | | | | | 80 | | | | | | | |
| 31 | | 1 | | | | | 81 | | | | | | | |
| 32 | | 1 | | | | | 82 | | | | | | | |
| 33 | | 1 | | | | | 83 | | | | | | | |
| 34 | | 1 | | | | | 84 | | | | | | | |
| 35 | | 1 | | | | | 85 | | | | | | | |
| 36 | | 1 | | | | | 86 | | | | | | | |
| 37 | | 1 | | | | | 87 | | | | | | | |
| 38 | | 1 | | | | | 88 | | | | | | | |
| 39 | | 1 | | | | | 89 | | | | | | | |
| 40 | | 1 | | | | | 90 | | | | | | | |
| 41 | | 1 | | | | | 91 | | | | | | | |
| 42 | | 1 | | | | | 92 | | | | | | | |
| 43 | | 1 | | | | | 93 | | | | | | | |
| 44 | | 1 | | | | | 94 | | | | | | | |
| 45 | | 1 | | | | | 95 | | | | | | | |
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| 47 | | 1 | | | | | 97 | | | | | | | |
| 48 | | 1 | | | | | 98 | | | | | | | |
| 49 | | | | | | | 99 | | | | | | | |
| 50 | | 1 | | | | | 100 | | | | | | | |
| TOTAL IND. | 2 | | | | | | TOTAL IND. | | | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | | | |
| TOTAL CLAIMS | 48 | | | | | | TOTAL CLAIMS | | | | | | | |

150

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

| Claim | | Date |
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| Final | Original | |
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| Claim | | Date |
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| Final | Original | |
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| Claim | | Date |
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| Final | Original | |
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